

Work Order ID 88244

88244

Page 1

July-31-12 12:43:24 PM

Item ID: D3898-1 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Floor Protector (206L)
 Start Date: 8/01/12 Start Qty: 1.00 ***1*** Cust Item ID:
 Required Date: 8/06/12 Req'd Qty: 1.00 ***1*** Customer:
 Reference:

Approvals: Process Plan: MLJ Date: 12/08/02 Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3898	Rev A								
100		0.00							
100									
HandThermo	Memo	0.00							
Hand Finishing Thermoforming	1-Cut Sheet to required Blank size								
105		0.00							
105	Dry material								
HandThermo	Memo	0.00							
Hand Finishing Thermoforming	Dry Sheet as per QSI022 POLYCARBONATE								
	Temp: <u>240°F</u>								
	Time IN: <u>7:00 pm</u> <u>12/08/23</u>								
	Time OUT: <u>7:00 am</u> <u>12/08/24</u>								

DAS
07
2-83

12/08/24

DAS
07
2-83

12/08/24

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
<div style="display: flex;"> <div style="width: 50px; font-size: 0.8em;"> Doc/Data Equip/Tooling Operator Material Setup Other Process Supplier Training Unapproved </div> <div style="width: 10px; border-left: 1px solid black;"></div> </div>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

July-31-12 12:43:24 PM

Item ID: D3898-1

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Floor Protector (206L)

Start Date: 8/01/12 **Start Qty:** 1.00 ***1***

Cust Item ID:

Required Date: 8/06/12 Req'd Qty: 1.00 * 1 *

Customer:

Reference:

Run Start *NR1*

Approvals: _____ **Process Plan:** _____ **Date:** _____ **Tooling:** _____ **Date:** _____

Stop *NR2*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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110

0.00

110

0.00

Thermoform

Thermoforming Machine

Memo

1-Machine Set-Up

2-Pre-heat Tool to required temp.

3-Thermoform as per Dwg and Folio #FTA0xx using tool DT9501

Dwg Rev: A

Folio Rev: 2

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

0.00

QC

Quality Control

Memo

Visually inspect part for proper formation and texture

130

QC8- Inspect parts - second check

0.00

130

0.00

QC

Quality Control

Memo

NCR: Yes / No

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Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

NCR: Yes / No

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Work Order ID 88244

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Item ID: D3898-1 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Floor Protector (206L)
 Start Date: 8/01/12 Start Qty: 1.00 *1* Cust Item ID:
 Required Date: 8/06/12 Req'd Qty: 1.00 *1* Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
170	Identify as per dwg & Stock Location: _____	0.00							
170									
Packaging	Memo PPP88243	0.00							
Packaging									
180	QC21- Final Inspection - Work Order Release	0.00							
180									
QC	Memo	0.00							
Quality Control									

ck 12/8/28
 mr 12-08-28

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear			General								
<input type="checkbox"/>	Bending		<input type="checkbox"/>	Bend		<input type="checkbox"/>	Grain		<input type="checkbox"/>	Ovalized	
<input type="checkbox"/>	Centre Not Concentric to O/S		<input type="checkbox"/>	BOM/Route		<input type="checkbox"/>	Hardware		<input type="checkbox"/>	Over/Under tolerance	
<input type="checkbox"/>	Cracks		<input type="checkbox"/>	Broken/Damaged		<input type="checkbox"/>	Inspection Incomplete		<input type="checkbox"/>	Part Incorrect	
<input type="checkbox"/>	Crushed/Crimped.		<input type="checkbox"/>	Burrs		<input type="checkbox"/>	Instructions Incomplete/Unclear		<input type="checkbox"/>	Part Lost/Missing	
<input type="checkbox"/>	Cuffs		<input type="checkbox"/>	Contamination		<input type="checkbox"/>	Maintenance		<input type="checkbox"/>	Part Moved	
<input type="checkbox"/>	Heat Treat		<input type="checkbox"/>	Countersink		<input type="checkbox"/>	Mislabeled		<input type="checkbox"/>	Positioned Wrong	
<input type="checkbox"/>	Inspection Strip in Tube		<input type="checkbox"/>	Cut Too Short		<input type="checkbox"/>	Misread		<input type="checkbox"/>	Power Loss/Surge	
<input type="checkbox"/>	Ripples in Bend		<input type="checkbox"/>	Drill Holes		<input type="checkbox"/>	Offset		<input type="checkbox"/>	Pressure/Forced	
<input type="checkbox"/>	Torque Waves in Extrusion		<input type="checkbox"/>	Drawing		<input type="checkbox"/>	Out of Calibration		<input type="checkbox"/>	Temperature/Cure	
<input type="checkbox"/>	Turning Sequence		<input type="checkbox"/>	Finish		<input type="checkbox"/>	Out of Sequence		<input type="checkbox"/>	Weld	
<input type="checkbox"/>	Wave/Twist in Tube		<input type="checkbox"/>	Folio		<input type="checkbox"/>	Outside Dimensions		<input type="checkbox"/>	Wrong Stock Pulled	

Picklist Print

July-31-12 12:43:24 PM

Page 1

Work Order ID: 88244

Parent Item: D3898-1

Parent Item Name: Floor Protector (206L)

Start Date: 8/01/12

Required Date: 8/06/12

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev.A New Issue 09/02/06 DL
10/04/21 DL

IPP RevB Add Step 105 Dry Material

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.118-90318-08 Lexan Sheet		Purchased	No			100	sf	946.0889	10.6	11.157895			

Location

therm

Loc Qty

946.0889406

946.088941

Loc Code

113127

11.158 sq ft.

DAS
07
12/08/27

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY									
Landing Gear			General						
<input type="checkbox"/>	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced
<input type="checkbox"/>	Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure
<input type="checkbox"/>	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld
<input type="checkbox"/>	Crushed/Crimped.	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled
<input type="checkbox"/>	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>	Other
<input type="checkbox"/>	Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong		
<input type="checkbox"/>	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge		
<input type="checkbox"/>	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset				
<input type="checkbox"/>	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration				
<input type="checkbox"/>	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence				
<input type="checkbox"/>	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions				

DART AEROSPACE LTD		Work Order:	88244
Description: Floor Protector		Part Number:	D3898-1
Inspection Dwg: D3898	Rev: A	Page 1 of 1	

FIRST ARTICLE INSPECTION CHECKLIST

☒ First Article ☐ Prototype

THERMOFORMING SECTION

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than <u>1/4</u> "	✓			
Shape Definition	✓			
Texture Retention	✓			
Material imperfections such as bumps, cracks, voids, scratching	✓			

Measured by: Wh

Date: 12/08/24

TRIMMING SECTION

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
0.50	Min	0.55"	✓		Umm DL-02	
1.00	Min	1.05"	✓		Umm DL-02	
5.6	+0.2/-0.0	5.68"	✓		Umm DL-02	
0.080	Min	0.087"	✓		CAL TH-DT	
0.050	Min	0.077"	✓		CAL TH-DT	

Measured by: Wh

Date: 12/08/27

Audited by: DAS

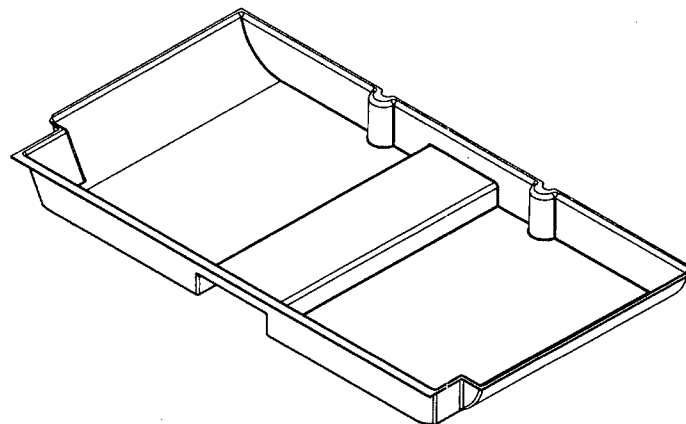
Date:

Prototype Approval: N/A

Date:

N/A

Rev	Date	Change	Revised by	Approved
A	09.09.15	New Issue	KJ	<u>Wh</u>



D3898-1 FLOOR PROTECTOR (206L)

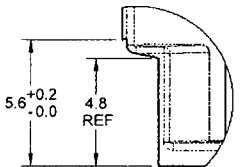
SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 08244 MCLJ
12/08/02

RELEASED
09/06/08 MCLJ

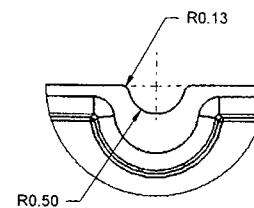
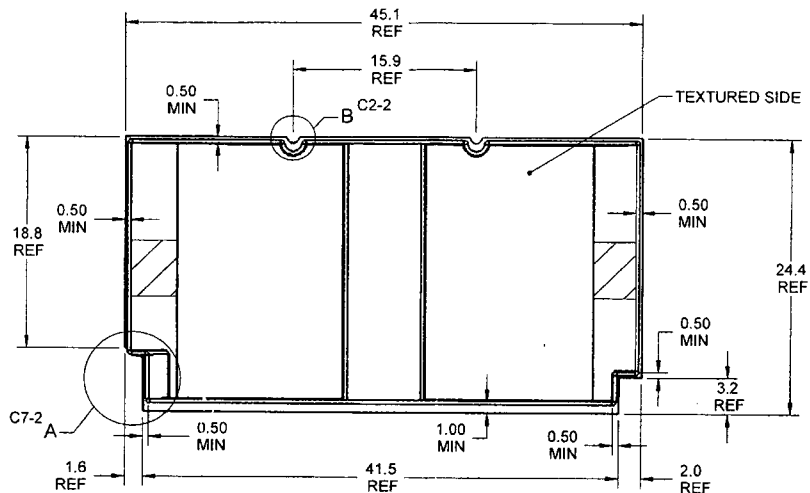
NOTES:

- 1) MATERIAL: LEXAN 90318 (PROTECT-A-GLAZE), 0.118 THICK, 112-CLEAR (MLEXS.118-90318-08)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3898-1" USING VIBRATING STYLUS
- 7) WEIGHT: 5.0 lbs
- 8) TOOLING: THERMOFORM PER MOLD DT9501 PER DART QSI 022. TRIM PER MOLD
- 9) MINIMUM THICKNESS: 0.050" EXCEPT AS SHOWN

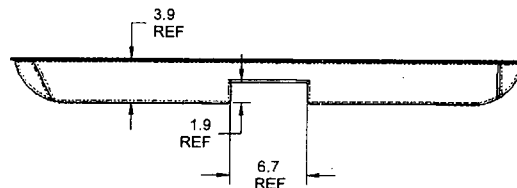
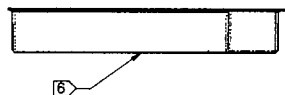
A		NEW ISSUE		PH	09.02.27
REV.		DESCRIPTION		BY	DATE
DESIGN	PH	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA			REV. A
DRAWN	PH				
CHECKED		DRAWING NO.	REV. A		
MFG. APPR.		D3898	SHEET 1 OF 2		
APPROVED		TITLE	SCALE		
DE APPR.		FLOOR PROTECTOR (206L)	NTS		
DATE	09.02.27	COPYRIGHT © 2009 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR REPRODUCED IN ANY MANNER WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD			



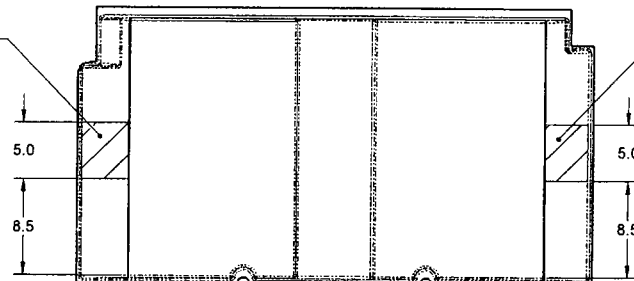
DETAIL A C6-2
SCALE 2X



DETAIL B D5-2
SCALE 5X
2 PL



MIN THICKNESS
0.080
(SHADED REGION)



MIN THICKNESS
0.080
(SHADED REGION)

RELEASED
07/18/08 JTB

D3898-1 FLOOR PROTECTOR (206L)

DESIGN	PH	DART AEROSPACE LTD	
DRAWN	PH	HAWKESBURY, ONTARIO, CANADA	
CHECKED		DRAWING NO. D3898	REV. A
MFG. APPR.		TITLE FLOOR PROTECTOR (206L)	SHEET 2 OF 2
APPROVED		SCALE NTS	
DE APPR.		COPYRIGHT © 2009 BY DART AEROSPACE LTD	
DATE	09.02.27	THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

